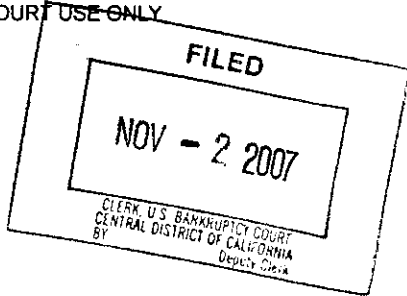


ORIGINAL

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11

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number ASSET RECOVERY TRUST P.O. BOX 4296 COSTA MESA, CA 92628-4296 PH: 714-546-8100 FAX: 714-435-1792	FOR COURT USE ONLY 
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re: DRKOOP COM INC.	CASE NUMBER LA 01-47426 TD
Debtor.	HEARING DATE: TIME: PLACE:

### MOTION FOR ORDER RELEASING UNCLAIMED FUNDS

I, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

1. I request an order releasing the total amount of \$ 2,680.72 which is the sum of all monies deposited with the court on the following date(s) unknown on behalf of the creditor STEPHEN PLUTSKY on claim number(s) unknown

2. Please check and complete the applicable subparagraph(s) below:

- ☐ a. I am the creditor named in paragraph 1.
- ☐ b. I am an employee of the creditor named in paragraph 1 and my title is \_\_\_\_\_. The creditor is still legally entitled to the monies and I am authorized by the creditor to this petition. Submit evidence establishing authority to act on behalf of creditor.
- ☒ c. I am the creditor and have appointed ASSET RECOVERY TRUST as my lawful attorney-in-fact who is duly authorized by the attached original power of attorney to file this motion.
- ☐ d. Subparagraphs a, b, and c above do not apply, but I am entitled to payment of such monies because (submit evidence establishing basis for right to obtain payment).

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(Continued on next page)

Motion for Order Releasing Unclaimed Funds - Page 2

**F 3011-1**

In re DRKOOP COM INC.	CHAPTER <u>7</u>
Debtor.	CASE NUMBER LA 01-47426 TD

3. Please complete each of the following subparagraphs:

- a. The following is the creditor's address and phone number:

STEPHEN PLUTSKY

19285 Berclair Lane

Tarzana, CA 91356

818-343-8332

- b. A brief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the company from the prior to the new owner(s):

SEE CERTIFIED STATEMENT ATTACHED.

4. I understand that, pursuant to 18 U.S.C. § 152, I may be fined or imprisoned, or both, if I have knowingly and fraudulently made any false statements in this document.

**F 3011-1**

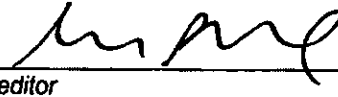
Motion for Order Releasing Unclaimed Funds - Page 3

F 3011-1

In re DRKOOP COM INC.	CHAPTER <u>7</u>
Debtor.	CASE NUMBER LA 01-47426 TD

(Corporate Seal

if applicable)

  
Creditor

STEPHEN PLUTSKY

Type or Print Creditor's Name

19285 Berclair Lane

Creditor's Address

Tarzana, CA 91356

STATE OF CALIFORNIA, COUNTY OF Los Angeles

On 10/8/07 before me, personally appeared (insert name and title of the signer)

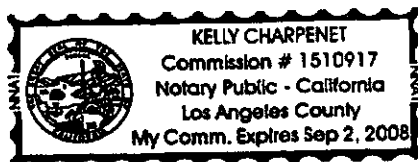
Stephen Plutsky

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

  
Notary Public

My commission expires on 9/2/08



F 3011-1

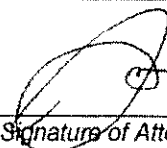
Motion for Order Releasing Unclaimed Funds - Page 4

F 3011-1

In re DRKOOP COM INC.

CHAPTER 7

Debtor. CASE NUMBER LA 01-47426 TD

  
Signature of Attorney/Attorney-in-Fact (if appointed)

AL MELONE for ASSET RECOVERY TRUST

Type or Print Name

P.O. BOX 4296

Address

COSTA MESA, CA 92628-4296

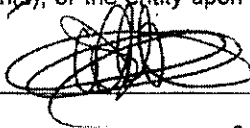
STATE OF CALIFORNIA, COUNTY OF Orange

On October 18 2007 before me, personally appeared (insert name and title of the signer)

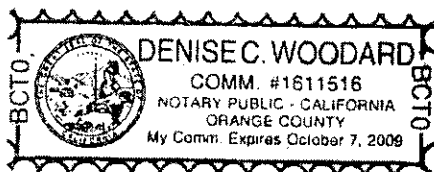
Denise C. Woodard Notary  
appeared Al Melone

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

  
Notary Public

My commission expires on Oct 07 09



Presented by:

ASSET RECOVERY TRUST

P.O. BOX 4296

COSTA MESA, CA 92628-4296

F 3011-1

Motion for Order Releasing Unclaimed Funds - Page 5

**F 3011-1**

In re DRKOOP COM INC.

CHAPTER 7

Debtor. CASE NUMBER LA 01-47426 TD

**PROOF OF SERVICE**

I hereby certify under penalty of perjury under the laws of the United States of America that on 10-18-07, I mailed in a sealed envelope, with postage thereon fully prepaid, a fully completed true and correct copy of the document described as "Motion for Order Releasing Unclaimed Funds" to the United States Attorney, United States Trustee, and other persons and entities required to be served by Local Bankruptcy Rule 3011-1(b) and addressed as follows:

UNITED STATES ATTORNEY  
312 NORTH SPRING STREET  
LOS ANGELES, CA 90012

UNITED STATES TRUSTEE'S OFFICE  
725 S FIGUEROA, 26TH FLOOR  
LOS ANGELES, CA 90017

Please insert the name and address of the trustee appointed in the case and the trustee's counsel, if any:

Edward M. Wolkowitz  
1888 Century Park East #1500  
Los Angeles, CA 90049

Douglas D. Kappler  
1888 Century Park East #1500  
Los Angeles, CA 90049

Please insert the name and address of the Debtor, Debtor in Possession, reorganized Debtor, or other fiduciary appointed to supervise the distribution of funds and assets of the estate (if not the claimant) and their counsel, if any:

DRKOOP COM INC.  
225 Arizona Ave. #250  
Santa Monica, CA 90401

Charles W. Hokanson  
601 South Figueroa #1500  
Los Angeles, CA 90017

If Movant is not the original creditor or an employee thereof, please insert the name and address of the original creditor and the creditor's counsel, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

10-18-07



AL MELONE

Type or Print Name

**LIMITED POWER OF ATTORNEY/  
DECLARATION**

I do hereby grant to ASSET RECOVERY TRUST, my sole true and lawful attorney-in-fact for me and in my name, place and stead, giving unto my attorney-in-fact full power to do and perform, on an exclusive basis, all and every act not constituting the practice of law that I may legally do through an attorney-in-fact, for the following limited purpose and for no other:

To reclaim, recover, and return unclaimed funds in the amount of \$2,680.72 only, less agreed upon fee, to the signatory below.

I do hereby grant my attorney-in-fact every power necessary to carry out the limited purposes for which this limited power of attorney is granted, on an exclusive basis.

This Limited Power of Attorney revokes all previous powers of attorney granted for the purpose of obtaining dividends from this specific bankruptcy case.

I do hereby declare that my name is STEPHEN PLUTSKY, that I am currently located at 19285 Berclair Lane, Tarzana, CA 91356, that my phone number is 818-343-8332, that the enclosed Proof of Claim is a true and correct copy of the original, that I am a rightful creditor of DRKOOP COM INC., Case LA 01-47426 TD, and that I am entitled to this unclaimed dividend.

I certify under penalty of perjury under U.S. Law that the foregoing is true and correct.

DATED 10-8-07

SIGNED



NAME STEPHEN PLUTSKY

SUBSCRIBED AND SWORN TO BEFORE ME THIS 8<sup>th</sup> DAY OF October, 2007,  
TO CERTIFY WITNESS MY HAND AND OFFICIAL SEAL.

[SEAL]

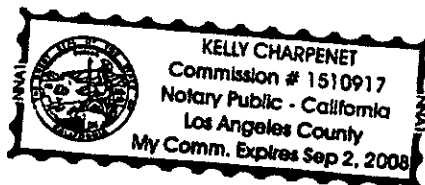
Kelly Charpenet  
NOTARY PUBLIC IN AND FOR

The State of

CALIFORNIA

My Commission expires on



9/8/08



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PAGE 16

FORM 810 (Official Form 10/4/01)

UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA		PROOF OF CLAIM
Name of Debtor DRKOOP COM INC	Case Number LA 01-47426-TD Credit id: 156	 01-47426-TD  156 THIS SPACE IS FOR COURT USE ONLY
Name of Creditor (The person or other entity to whom the debtor owes money or property) STEPHEN PLUTSKY Name and Address where notices should be sent: STEPHEN PLUTSKY CHIEF FINANCIAL OFFICER 225 ARIZONA AVENUE SUITE 250 SANTA MONICA, CA 90401 Telephone Number: 310 395-5001		
Account or other number by which creditor identifies debtor:	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: <u>561-96-2532</u> Unpaid compensation for services performed from <u>8/22/00</u> to <u>12/12/01</u> (date) (date)	
2. Date debt was incurred: <u>12/17/01</u>	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: <u>\$ 52,650.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: <u>\$ _____</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: <u>\$ _____</u>	6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority <u>\$ 4,650</u> Specify the priority of the claim: <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$4,650), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( ) *Amounts are subject to adjustment on 4/1/04 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY  156 10
Date <u>2/7/02</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>STEPHEN PLUTSKY</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

